2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # B99000000148** 1. Entity Name INLAND RETAIL REAL ESTATE LIMITED PARTNERSHIP Principal Place of Business Mailing Address ATTN: Robert J. Walner ATTN: Robert J. Walner 2901 BUTTERFIELD ROAD 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 OAK BROOK, IL 60523 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 04102008 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 36-4246656 Not Applicable Zip Country Zlo Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. DOCUMENT # F98000006597 STREET ADDRESS NAME INLAND RETAIL REAL ESTATE TRUST, INC. STREET ADDRESS 2901 BUTTERFIELD ROAD CITY-ST-ZIP U00000521663 OAK BROOK, IL 60523 CITY-ST-ZIP 05/02/06 00149-020 500.80 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY - ST- ZIP

SIGNATURE:

CHECK

STAPLE

STREET ADDRESS

CITY -ST-ZIP

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Robert J. Walner, Sr. VP of Gen Part.

4/11/06 (630)

Daytime Phone # 368-2085